

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLV. Medical Professions
Subpart 3. Practice

**Chapter 49. Occupational Therapists
and Occupational Therapy Assistants**

Subchapter A. General Provisions

§4901. Scope of Chapter

A. The rules of this Chapter govern the practice of occupational therapy in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4903. Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

Abnormal Patterns of Motion—certain primitive patterns of motion which typically appear to varying degrees in the C.N.S. damaged individual when isolated movement is attempted. These patterns may be seen in the extremities in stereotyped flexion and extension patterns as distinguished from normal, coordinated, voluntary motion which is also synergistic in nature.

Activities of Daily Living—the components of everyday activity including self-care, work, and play/leisure activities.

Activity Restriction—the exclusion of certain activities, or restrictions in method or duration of performance.

Assistive/Adaptive Equipment—a special device which assists in the performance of self-care, work, or play/leisure activities or physical exercise.

Board—the Louisiana State Board of Medical Examiners.

Cognitive Skills—the level, quality, and/or degree of comprehension, communication, concentration, problem solving, time management, conceptualization, integration of learning, judgment, time-place-person orientation.

Community Services, Programs, or Resources—vocational, social, religious, recreational, health, education, and transportation services or programs that may be available in the community.

Coordination—the ability to perform motions in a smooth concerted way.

Coping Skills—the ability to sublimate drives, find sources of need gratification, tolerate frustration and anxiety, experience gratification, and control impulses.

Dexterity—skill and ease in performing physical activities.

Documents—the written recording of information in the client's overall record/chart and/or in the occupational therapy record/chart.

Dyadic Interaction Skills—the ability in relationships to peers, subordinates, and authority figures to demonstrate trust, respect, and warmth; to perceive and respond to needs and feelings of others; to engage in and sustain interdependent relationships; and to communicate feelings.

Evaluate/Evaluation—the process of collecting and interpreting data obtained through observation, interview, record review, or testing.

Environmental Adaptations—structural or positional changes designed to facilitate independent living and/or increase safety in the home, work, or treatment setting: i.e., the installation of ramps, bars; change in furniture heights; adjustments of traffic patterns.

Facilitation Techniques—selection, grading, and modification of sensory input which attempts to encourage motion in a non-functioning muscle or muscle group.

Group Interaction Skills—abilities in performing tasks in the presence of others; sharing tasks with others; cooperating and competing with others; fulfilling a variety of group membership roles; exercising leadership skills; perceiving and responding to needs of group members.

Inhibition Techniques—selection, grading, and modification of sensory input which attempts to decrease muscle tone or excess motion that interferes with function.

Joint Protection/Preservation—the principles or techniques of minimizing stress on joints. It includes the use of proper body mechanics; avoidance of excessive weight-bearing, static, or deforming postures.

Kinetic Activities—those activities requiring motion. It can include activities of daily living and isometric, assistive, resistive exercises.

Life Space—an individual's cultural background, value orientation, and environment.

Life Style—the degree, range, and balance of self-care, work, and play/leisure activities.

Louisiana Occupational Therapy Practice Act or the Act R.S. 39:3001-3014 as hereafter amended or supplemented.

Mobility—skills such as getting in/or out of bed, chair, wheelchair, vehicles, and using transportation.

Motor Skills—the level, quality, and/or degree of range of motion, gross muscle strength, muscle tone, endurance, fine motor skills, and functional use.

Object Manipulation—skills such as the handling of common objects such as telephone, keys, money, light switches, doorknobs.

Occupational Therapy—the application of any activity in which one engages for the purposes of evaluation, interpretation, treatment planning, and treatment of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorders, congenital or developmental disabilities, or the aging process, in order to achieve optimum functioning and prevention and health maintenance. The occupational therapist may enter a case for the purposes of providing consultation and indirect services and evaluating an individual for the need of services. Implementation of direct occupational therapy to individuals for their specific medical condition or conditions shall be based on a referral or order from a physician licensed to practice in the state of Louisiana. Practice shall be in accordance with published standards of practice established by the American Occupational Therapy Association, Inc., and the essentials of accreditation established by the agencies recognized to accredit specific facilities and programs. Specific occupational therapy services include, but are not limited to, activities of daily living (ADL); the design, fabrication, and application of prescribed temporary splints; sensorimotor activities; the use of specifically designed crafts; guidance in the selection and use of adaptive equipment; therapeutic activities to enhance functional performance; pre-vocational evaluation and training and consultation concerning the adaptation of physical environments for the handicapped. These services are provided to individuals or groups through medical, health, educational, and social systems. *Occupational therapy* shall not include the administration of massages by employees of the Hot Wells Health Resort.

Occupational Therapist—a person who is certified as an occupational therapist, registered (OTR) by the American Occupational Therapy Association, Inc. (AOTA), and licensed to practice occupational therapy, as defined in this Chapter, and whose license is in good standing.

Occupational Therapy Assistant—a person who is certified as a certified occupational therapy assistant (COTA) by the American Occupational Therapy Association, Inc. (AOTA), and is licensed to assist in the practice of occupational therapy under the supervision of, and in activity programs with the consultation of, an occupational therapist licensed under this Chapter.

Occupational Performance—the performance of self-care, work, and play/leisure activities, the activities of daily living. The performance of these activities requires self-care, work, and play/leisure skills.

Performance Components—the learned and developmental patterns of behavior which are the prerequisite foundations of self-care, work, and play/leisure skills. The performance components include: motor skills, sensory integration, cognitive skills, psychological/intrapersonal skills, social/interpersonal skills.

Periodically—occurring at regular intervals of time.

Play/Leisure Skills—those skills necessary to perform and engage in activities such as games, sports, and hobbies.

Positioning—the placing of body parts in proper alignment.

Psychological/Intrapersonal Skills—the level, quality, and/or degree of self-identity, self-concept, and coping skills.

Reality Orientation—the treatment approach aimed at reinforcement of reality; i.e., the use of simple structured activities for orientation to time, place, and person.

Self-Identity and Self-Concept—the ability to perceive self needs and expectations from those of others; identify areas of self-competency and limitations; accept responsibility for self; perceive sexuality of self; have self-respect; have appropriate body image; view self as being able to influence events.

Self-Care Skills—skills such as dressing, feeding, hygiene/grooming, mobility, and object manipulation.

Sensation—reception of stimuli, includes touch, pain, temperature, stereognosis, proprioception/kinesthesia, vestibular, taste, smell, vision, hearing.

Sensory Integration—the level, quality, or degree of development and integration of somatosensory functions, reflected in reflex and sensory status, posture, motor activity and praxis, form and space perception, body schema, and self-concept.

Significant Others—persons who have an important relationship to the client. This could include the client's family, friends, employer, teacher, or other health care providers.

Social/Interpersonal Skills—the level, quality, and/or degree of dyadic and group interaction skills.

Splinting—the provision of temporary dynamic and/or static splints for the purpose of: relieving pain, maintaining joint alignment, protecting joint integrity, improving function, and/or decreasing deformity.

Structuring Environment—the organization of the client's time, activities, and/or physical environment in order to enhance performance (see environmental adaptations).

Work Simplification—the streamlining of the performance of an activity in order to minimize energy output.

Work Skills—skills such as habits, workmanship, actual skills related to specific job tasks. The skills may refer to the work of the student, home manager, or paid employee. Home manager skills include such skills as cooking, budgeting,

shopping, clothing maintenance, house-cleaning, and maintenance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

Subchapter B. Standards of Practice

§4905. Scope of Subchapter

A. This Subchapter provides the minimum standards for occupational therapy practice applicable to all persons licensed to practice occupational therapy in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4907. Screening

A. Occupational therapists have the responsibility to identify clients who may present problems in occupational performance (work, self-care, and play/leisure) that would require an evaluation.

B. Occupational therapists may screen independently or as members of a team.

C. Screening methods shall be appropriate to the client's age, education, cultural background, medical status, and functional ability.

D. Screening methods may include interview, observation, testing, and record review.

E. Occupational therapists shall communicate the screening results and recommendations only to appropriate individuals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4909. Referral

A. A client is appropriately referred to occupational therapy for remediation, maintenance, or prevention when the client has, or appears to have, a dysfunction or potential for dysfunction in occupational performance (work, self-care, play/leisure) or the performance components (sensorimotor, cognitive, psychosocial).

B. Clients shall be referred to occupational therapy for evaluation, design construction of, or training in therapeutic adaptations that include, but are not limited to, the physical environment, orthotics, prosthetics, and assistive and adaptive equipment.

C. The occupational therapist enters a case at the request of a physician; assumes full responsibility for the occupational therapy assessment; and, in consultation with the physician, establishes the appropriate type, nature, and mode of service.

D. Occupational therapists shall refer clients back to the physician when, in the judgment of the occupational therapists, the knowledge and expertise of another professional is required.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4911. Evaluation

A. Occupational therapists shall evaluate the client's performance according to the Uniform Occupational Therapy Checklist (AOTA-Adopted, 1981).

B. Initial occupational therapy evaluations shall consider the client's medical, vocational, educational, activity, social history, and personal/family goals.

C. The occupational therapy evaluation shall include assessment of the functional abilities and deficits as related to the client's needs in the following areas:

1. occupational performance: work, self-care, and play/leisure;

2. performance components: sensorimotor, cognitive, psychosocial;

3. therapeutic adaptations and prevention.

D. All evaluation methods shall be appropriate to the client's age, education, cultural and ethnic background, medical status, and functional ability.

E. The evaluation methods may include observation, interview, record review, and the use of evaluation techniques or tools.

F. When standardized evaluation tools are used, the tests should have normative data for the client characteristics. If normative data are not available, the results should be expressed in a descriptive report.

G. Collected evaluation data shall be analyzed and summarized to indicate the client's current status.

H. Occupational therapists shall document evaluation results in the client's record and indicate the specific evaluation tools and methods used.

I. Occupational therapists shall communicate evaluation results to the referring physician and/or appropriate persons in the facility.

J. If the results of the evaluation indicate areas that require intervention by other professionals, the occupational therapist should refer the client back to the physician or appropriate persons in the facility.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4913. Individual Program Planning

A. Occupational therapists shall use the results of the evaluation to develop an individual occupational therapy program that is:

1. stated in measurable and reasonable terms appropriate to the client's needs and goals and expected prognosis;
2. consistent with current principles and concepts of occupational therapy theory and practice.

B. The planning process shall include:

1. identifying short and long-term goals;
2. collaborating with client, family, other professionals, and community resources;
3. selecting the media, methods, environment, and personnel needed to accomplish goals;
4. determining the frequency and duration of occupational therapy services.

C. This initial program plan shall be prepared and documented promptly.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4915. Individual Program Implementation

A. Implementation of direct occupational therapy to individuals for their specific medical condition or conditions shall be based on a referral or order from a physician licensed to practice in the state of Louisiana.

B. Occupational therapists shall implement the program according to the program plan. Occupational therapy assistants may assist in program implementation under the supervision of and in consultation with the occupational therapist. Such supervision and consultation shall require at a minimum direct contact with the occupational therapy assistant at all critical points in the program and not less than two hours of direct contact per week throughout the program.

C. Occupational therapists shall formulate and implement program modifications consistent with changes in the client's occupational performance and performance components.

D. Occupational therapists shall periodically re-evaluate and document the client's occupational performance and performance components.

E. Occupational therapists shall promptly document the occupational therapy services provided and the frequency of the services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4917. Discontinuation of Services

A. Occupational therapists shall discontinue services when the client has achieved the goals or has achieved maximum benefit from occupational therapy.

B. Occupational therapists shall document the comparison of the initial and current state of functional abilities and deficits in occupational performance and performance components.

C. Occupational therapists shall prepare a discharge plan that is consistent with the occupational therapy, client, interdisciplinary team, family and goals, and the expected prognosis. Consideration should be given to appropriate community resources for referral and environmental factors or barriers that may need modification.

D. Occupational therapists shall allow sufficient time for the coordination and the effective implementation of the discharge plan.

E. Occupational therapists shall document recommendations for follow-up or re-evaluation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4919. Quality Assurance

A. The occupational therapist shall periodically and systematically review all aspects of individual occupational therapy programs for effectiveness and efficiency.

B. Occupational therapists shall periodically and systematically review the quality and appropriateness of total services delivered, using predetermined criteria that reflect professional consensus and recent development in research and theory.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4921. Suspension and Revocation of License; Refusal to Issue or Renew; Unprofessional Conduct

A. The board may refuse to issue or renew, may suspend or revoke, or may impose probationary conditions on any occupational therapy or occupational therapy assistant license, if the licensee or applicant for license has been guilty of unprofessional conduct which has endangered or likely to endanger the health, welfare, or safety of the public.

B. As used herein and R.S. 37:3011, *unprofessional conduct* by an occupational therapist or occupational therapy assistant shall mean:

1. conviction of a crime or entry of a plea of guilty or nolo contendere to a criminal charge constituting a felony

under the laws of Louisiana, of the United States, or of the state in which such conviction or plea was entered;

2. conviction of a crime or entry of a plea of guilty or nolo contendere to any criminal charge arising out of or in connection with the practice of occupational therapy;

3. perjury, fraud, deceit, misrepresentation, or concealment of material facts in obtaining a license to practice occupational therapy;

4. providing false testimony before the board or providing false sworn information to the board;

5. habitual or recurring abuse of drugs, including alcohol, which affect the central nervous system and which are capable of inducing physiological or psychological dependence;

6. solicitation of patients or self-promotion through advertising or communication, public or private, which is fraudulent, false, deceptive, or misleading;

7. making or submitting false, deceptive, or unfounded claims, reports, or opinions to any patient, insurance company, or indemnity association, company, individual, or governmental authority for the purpose of obtaining anything of economic value;

8. cognitive or clinical incompetency;

9. continuing or recurring practice which fails to satisfy the prevailing and usually accepted standards of occupational therapy practice in this state;

10. knowingly performing any act which in any way assists an unlicensed person to practice occupational therapy, or having professional connection with or lending one's name to an illegal practitioner;

11. paying or giving anything of economic value to another person, firm, or corporation to induce the referral of patients to the occupational therapist or occupational therapy assistant;

12. interdiction by due process of law;

13. inability to practice occupational therapy with reasonable competence, skill, or safety to patients because of mental or physical illness, condition or deficiency, including but not limited to deterioration through the aging process and excessive use or abuse of drugs, including alcohol;

14. refusal to submit to examination an inquiry by an examining committee of physicians appointed by the board to inquire into the licensee's physical and/or mental fitness and ability to practice occupational therapy with reasonable skill or safety to patients;

15. practicing or otherwise engaging in any conduct or functions beyond the scope of occupational therapy as defined by the Act or these Rules;

16. the refusal of the licensing authority of another state to issue or renew a license, permit, or certificate to practice occupational therapy in that state, or the revocation, suspension, or other restriction imposed on a license, permit, or certificate

issued by such licensing authority which prevents, restricts, or conditions practice in that state, or the surrender of a license, permit, or certificate issued by another state when criminal or administrative charges are pending or threatened against the holder of such license, permit, or certificate;

17. violation of the code of ethics adopted and published by the American Occupational Therapy Association, Inc. (AOTA); or

18. violation of any rules and regulations of the board, or any provisions of the Act, as amended, R.S. 37:3001-3014.

C. Denial, refusal to renew, suspension, revocation, or imposition of probationary conditions upon a licensee may be ordered by the board in a decision made after a hearing in accordance with the Administrative Procedure Act and the applicable rules and regulations of the board. One year after the date of the revocation of a license, application may be made to the board for reinstatement. The board shall have discretion to accept or reject an application for reinstatement but shall hold a hearing to consider such reinstatement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3011.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:885 (September 1991).

§4923. False Representation of Licensure Prohibited

A. No person who is not licensed under this Chapter as an occupational therapist or an occupational therapy assistant, or whose license has been suspended or revoked, shall use, in connection with his name or place of business, the words "occupational therapy assistant," "occupational therapist," "licensed occupational therapist," "occupational therapist, registered," "licensed certified occupational therapy assistant," "certified occupational therapy assistant," or the letters, "OT," "LOT," "OTA," "LOTA," "LOTR," "OTR," "LCOTA," "COTA," or any other words, letters, abbreviations, or insignia indicating or implying that he is an occupational therapist or an occupational therapy assistant, or in any way, orally, in writing, in print, or by sign, directly or by implication, represent himself as an occupational therapist or an occupational therapy assistant.

B. Whoever violates the provisions of this section shall be fined not more than \$500 or be imprisoned for not more than six months, or both.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:767 (November 1986).

§4925. Supervision of Occupational Therapy Assistant in Home Health Setting

A. An occupational therapy assistant may administer occupational therapy in the home health setting under the supervision of a licensed occupational therapist, without the

necessity of the continuous physical presence of the supervising occupational therapist, provided that the following conditions and restrictions are strictly observed and complied with.

1. The occupational therapy assistant shall have had not less than two years experience in providing occupational therapy in a physical disability setting prior to assuming responsibility for the provision of occupational therapy in a home health environment.

2. Before the occupational therapy assistant undertakes to provide occupational therapy to or for a client in a home health setting, the licensed occupational therapist under whose supervision the occupational therapy assistant may provide services shall have conducted an assessment of the client and have established the goals and treatment plan for the client.

3. Each client in a home health setting to whom an occupational therapy assistant administers occupational therapy shall be visited jointly by the occupational therapy assistant and the supervising licensed occupational therapist not less frequently than once every two weeks or every fifth treatment session.

4. All therapy administered by an occupational therapy assistant in a home health setting shall be promptly, accurately, and completely documented by the occupational therapy assistant and, within 72 hours of the completion of such documentation, countersigned by the supervising occupational therapist.

B. The administration of occupational therapy in a home health setting by an occupational therapy assistant other than in accordance with the provisions of this section shall be deemed a violation of these rules, subjecting the occupational therapy assistant to suspension or revocation of licensure pursuant to §4921.A.18.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270(B)(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 19:340 (March 1993).